

Form MCA-8376

Public Burden Statement
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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate (for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Vento First Name: Jorge In accordance with (check one) only one:
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties.
 I find this person is qualified, and, if applicable, only when I check all that apply:
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.67) (limited)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (limited)
☐ Grandfathered into State requirements (limited)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
05-08-2025

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 305 456 4016 Date Certificate Signed: 05-09-2023
 Medical Examiner's Name (please print, no type): Eduardo S. Mendez
☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____
 Medical Examiner's State License, Certificate, or Registration Number: FL ME 83615 Issuing State: FL National Registry Number: 3556 979313

Driver's Signature: [Signature] License Number: FLV 31432741320 Issuing State/Province: FL
 Driver's Address: 1320 SW 5TH ST City: Miami State/Province: FL Zip Code: 33174
 CLP/CDL Applicant/Holder: ☒ Yes ☐ No



Search Medical Examiners

National Registry Number

Business Name

First Name

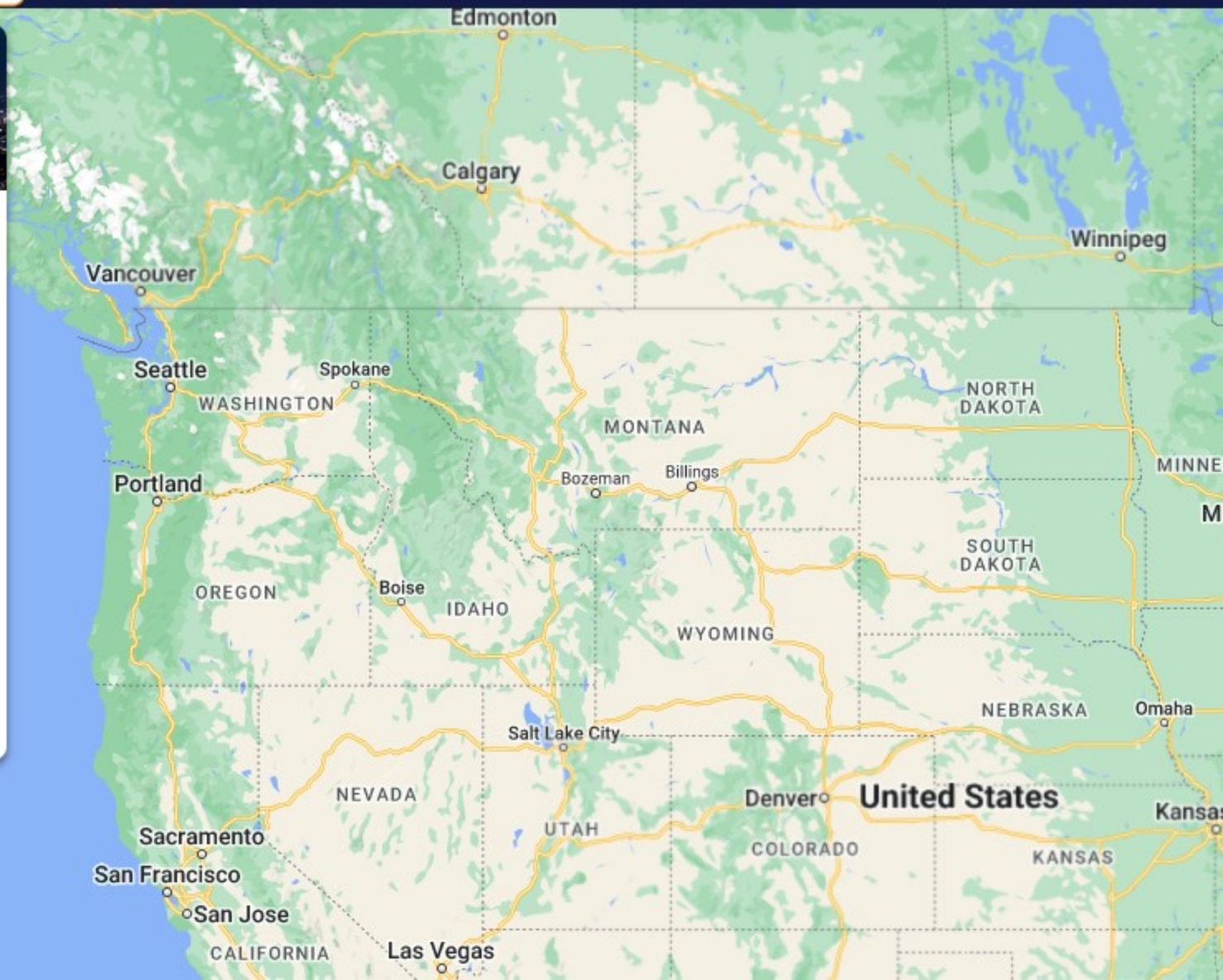
Last Name

[Basic Search](#)[Search](#)[Previous Page](#)

1 of 1

[Next Page](#)**+ Dr. Eduardo Mendez (Medical Doctor)**

Not accepting examination requests at this time. Please do not contact to schedule an examination.





FMCSA

Federal Motor Carrier Safety Administration

**NATIONAL
REGISTRY**
OF CERTIFIED
MEDICAL EXAMINERS



Dr. Eduardo Mendez
(Medical Doctor)

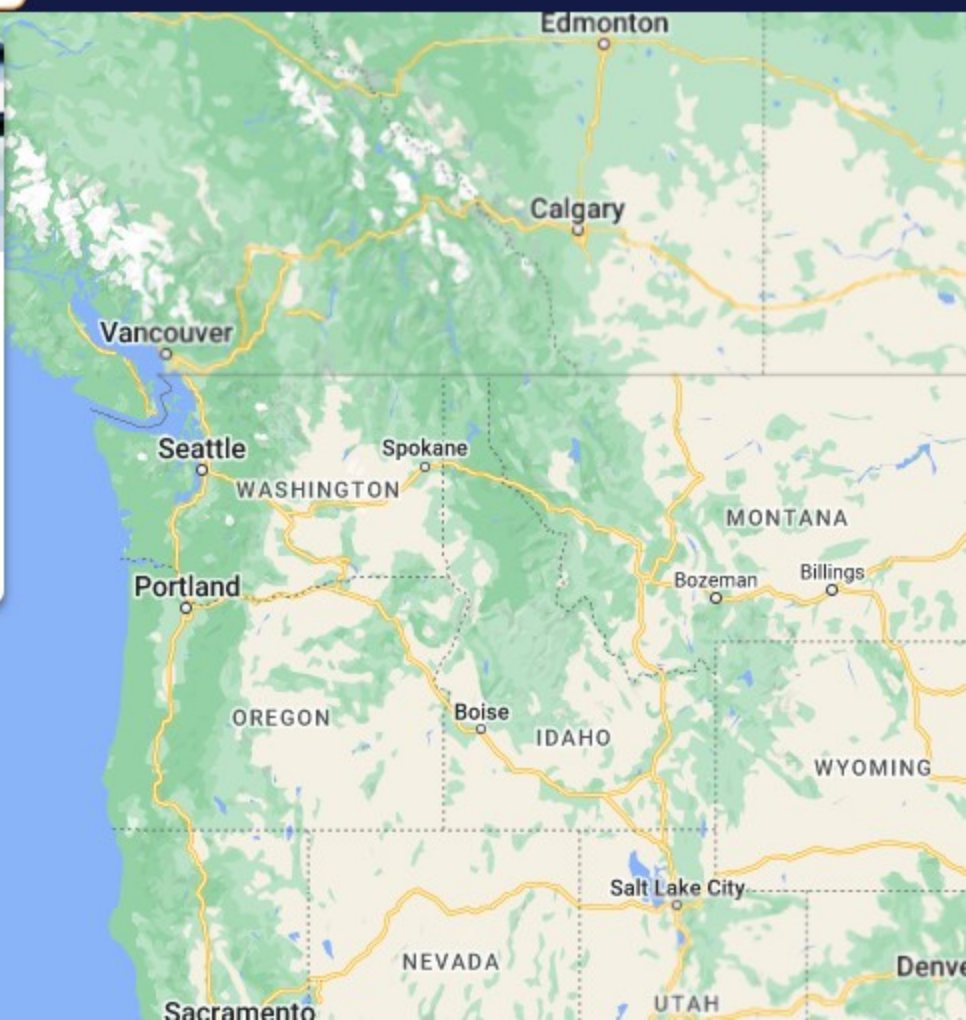
Not accepting examination requests at this time. Please do not
contact to schedule an examination.

National Registry Number

3556979313

Certification Date

08/04/2017



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (7/31/2024 10:27:10)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: JORGE VENTO PEREZ

Date of Birth: 4/12/1974

CDL/CLP ⓘ: US-FL-V531432741320

Consent Information

Requested: 7/31/2024 10:09:40

Recorded: 7/31/2024 10:27:10

Status: Provided

Query History

Created: 7/31/2024 10:09:40

Completed: 7/31/2024 10:27:10

Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations